

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2018 OCT 19 PM 2:14

U.S. OF N.Y.

ANTHONY FOX (Pro Se)

18CV9661

No.

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

COMPLAINT

POLICE OFFICER (Badge # 942615)

P.O. JOHN DOE, AND THE

BRONX CO. DISTRICT ATTY,

CITY OF NEW YORK

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Anthony</u>	<u>L</u>	<u>Fox</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

N/A

Current Place of Detention

Institutional Address

County, City	State	Zip Code
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**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: N/A

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: UNKNOWN UNKNOWN 942615  
 First Name Last Name Shield #  
POLICE OFFICER  
 Current Job Title (or other identifying information)  
42<sup>nd</sup> PCE., BRONX, NEW YORK  
 Current Work Address  
BRONX NEW YORK  
 County, City State Zip Code

Defendant 2: UNKNOWN UNKNOWN UNKNOWN  
 First Name Last Name Shield #  
POLICE OFFICER  
 Current Job Title (or other identifying information)  
42<sup>nd</sup> PCE., BRONX, NEW YORK  
 Current Work Address  
BRONX NEW YORK  
 County, City State Zip Code

Defendant 3: ROBERT JOHNSON  
 First Name Last Name Shield #  
BRONX DISTRICT ATTORNEY  
 Current Job Title (or other identifying information)  
215 E. 161<sup>st</sup> ST., BRONX  
 Current Work Address  
BRONX NEW YORK 10451  
 County, City State Zip Code

Defendant 4: THE CITY OF NEW YORK  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
NEW YORK N.Y.  
 County, City State Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: October 23, 2015

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

1. Officer John Doe (shield # 942615), arrested plaintiff on or about 10/23/15 at the above listed address. After being taken to the 42nd Precinct, plaintiff requested to file a cross-complaint for assault since the complainant had cut plaintiff's hand. Plaintiff was taken to Bronx Lebanon Hospital on said date 10/23/15;

plaintiff alleges that Police Officers John Doe (1) and John Doe (2), violated plaintiff's right to "Equal Protection of the Law" under 14<sup>th</sup> Amend. of the Constitution.

2. District Attorney Robert Johnson in his "Official Capacity" as Chief D.A.; instituted a policy directing police officers not to accept cross-complaints from a defendant after being arrested. Plaintiff asserts that this policy violates his right under the 14<sup>th</sup> Amend. of the U.S. Const.; additionally plaintiff asserts a "Monell Claim" pursuant to (N.Y. City Dept. of Soc. Services v. Monell) (Citation omitted) (U.S. Sup. Ct. 1977)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I received a minor cut during the alleged assault arrest; The case was later dismissed.

Plaintiff was treated at Bronx Lebanon Hospital on 10/23/15

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Plaintiff request \$100,000.00 in compensatory damages related to plaintiff's 3 weeks of detention and loss of personal property on him at the time of arrest; also loss of residence at 1064 White Plains Rd., Bx, N.Y. and personal property located in plaintiff's residence.

Plaintiff Sues P.O.'s John Doe (1) and (2) in their individual and official capacities, and others in their official capacities

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>10/19/18</u>		<u>Anthony Fox</u>	
Dated		Plaintiff's Signature	
<u>Anthony</u>	<u>L</u>	<u>Fox</u>	
First Name	Middle Initial	Last Name	
<u>647 Morris Park Ave., Apt. H-1</u>			
Prison Address			
<u>Bronx</u>	<u>N.Y.</u>	<u>10462</u>	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_